PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90047 005 ***150.00

	OY FITNESS, INC.					
Principal Place		Mailing Address				
11664 N.W. 90 . HIALEAH GARDI		11664 N.W. 90 AVEN. HIALEAH GARDENS FL 33018	ì.			
HIALEAN CAND	ENG FE 33010	TENDENT CHINESIS TO WOTE	,	DO NOT WRITE IN THIS SPACE		
				3. Date incorporated or Qualifed		
•				11/04/1998		
	ace of Business	2a. Mailing Address	201		led For	
21 18520	NW GTAVE	26 18520 NW 6	4 H V	00 00 1 - 10 -	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 A		
22 153	<u>,</u>	27 153				
City & State	4- FLORIDA	City & State 28 MIRMY FLO	pidA	B. Election Campaign Financing Trust Fund Contribution		
23 N / A N	Country	Zip Zip	Country	This corporation owes the current year intangible		
24 330 B	15 25 PAGE FLORIDA	12 330 IS 130	¬		□No]	
24 000	9, Name and Address of Current I			10. Name and Address of New Registered Agent		
·		_ <u></u>	81 Name		1	
URENA, JUAN CARLOS 11664 N.W. 90 AVEN.			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
			OF Shear	At 100 mary 1 annual 10 mary 1		
HIAI	EAH GARDENS FL 33018		83		ĺ	
• • • •			84 City	85 Zip C	ode	
	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607, 1508, Florida Statutes, f Florida, Such change was auth	the above-named coorded by the corpo	FL 85 Zip C corporation submits this statement for the purpose of changing its ration's board of directors. I hereby accept the appointment as reg	- }	
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ennual report or supplemental annual report is true and accurate and that my signature shall have the same fegal effect as if made under ceth; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 697. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

82 NAME

8.3 STREET ADORESS

64 CITY-ST-ZP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE REQUIRED

NATURE AND TYPED ON PRINTED NAME OF BIGNAND DEPICER ON DEFECTOR

DELETE

Change

Addition